

DEPARTMENT OF THE NAVY DEPENDENT CARE CERTIFICATE

PRIVACY ACT ADVISEMENT

AUTHORITY: 10 U.S.C. Section 5031.

PRINCIPAL PURPOSE: To identify and insure that single military members and military couples with dependents have made adequate dependent care arrangements to insure he or she is worldwide available.

ROUTINE USES: To contact persons designated by the member as accepting dependent care responsibility to verify their willingness to act for the member in this capacity, to advise the designee when they are expected to discharge these responsibilities and to insure member's compliance with the policy.

DISCLOSURE IS MANDATORY: Information is required to insure members have met their dependent care responsibilities.

PART I. APPLIES TO ALL SINGLE MEMBER SPONSORS AND MILITARY COUPLES WITH DEPENDENTS

1. I have been counseled and fully understand Navy policy on dependent care responsibilities. I have read and understand the Navy's policy that I must arrange for dependent care so that I will remain worldwide available as defined, and that I must report for duty as required without dependents.
2. I affirm that I have made and will maintain arrangements for the care of my dependents to permit me to be worldwide available during all the following circumstances:
 - a. Duty Hours
 - b. Exercises
 - c. Unaccompanied Tours
 - d. TAD
 - e. Extended Duty Hours
 - f. PCS
 - g. Similar Military Obligations
3. I understand that I am subject to deployment on short notice and that I will not be guaranteed special privileges because I have dependents.
4. I understand that failure to make and maintain adequate dependent care arrangements in accordance with the Navy's policy may be grounds for disciplinary action or separation from the Navy, or both.
5. I understand that if these arrangements for the care of my dependents fail, I must still report for duty.
6. I understand that I must revise or verify this plan at least yearly or on reassignment, reenlistment, extension of enlistment, or if circumstances for dependent care change.
7. I understand that I may be subject to action under the Uniform Code of Military Justice if this statement is not accurate.
8. All my dependents are 18 years or older and capable of self-care. (Initials) _____
9. I have made all necessary arrangements (legal, educational, monetary, religious, etc.) to effect a smooth, rapid turnover of dependent care responsibilities.
10. I have arranged to complete travel that may be required to transfer my dependents to the designated person. If my principal dependent care designee is not in the local area, I understand that I must arrange with a nonmilitary person in the local area to assume temporary custody of my dependents until that responsibility is transferred to my principal dependents care designee.
11. I understand that while serving in an overseas area, I must arrange for the escort and care of my dependents if a Noncombatant Evacuation Operation (NEO) (or other evacuation) is implemented. I know that I will be required to remain in place and perform my military duties.

TYPED OR PRINTED NAME, GRADE/RATE & SSN

SIGNATURE

DATE

PART II. APPLIES TO ALL SINGLE MEMBER SPONSORS AND MILITARY COUPLES WITH DEPENDENTS**DESIGNEE CERTIFICATION**

(The following statement may be signed by three different people or it may be signed by the same person)

12. I have agreed to accept responsibility for the dependents of _____
if he or she must report for duty for extended work hours, recall, or TAD for a duration of less than 30 days.

SIGNATURE	ADDRESS (Include ZIP Code)
TYPED OR PRINTED NAME	PHONE NUMBER (Include Area Code)

13. I have agreed to accept responsibility for the dependents of _____
if he or she is reassigned in an unaccompanied status or deployed on TAD for a duration of greater than 30 days.

SIGNATURE	ADDRESS (Include ZIP Code)
TYPED OR PRINTED NAME	PHONE NUMBER (Include Area Code)

14. I have agreed to accept temporary responsibility for the dependents of _____
until responsibility is transferred to a principal designee.

SIGNATURE	ADDRESS (Include ZIP Code)
TYPED OR PRINTED NAME	PHONE NUMBER (Include Area Code)

PART III. APPLIES TO SINGLE MEMBER SPONSORS & MILITARY COUPLES WITH DEPENDENTS SERVING OVERSEAS & ACCOMPANIED BY DEPENDENTS**DESIGNEE CERTIFICATION**

15. I agree to be responsible for accompanying and caring for the dependents of _____
as an escort, if evacuation from an overseas area becomes necessary.

SIGNATURE	ADDRESS (Include ZIP Code)
TYPED OR PRINTED NAME	PHONE NUMBER (Include Area Code)

16. I agree to be responsible for the dependents of _____
after they have arrived at their destination, if evacuation from an overseas area becomes necessary.

SIGNATURE	ADDRESS (Include ZIP Code)
TYPED OR PRINTED NAME	PHONE NUMBER (Include Area Code)

PART IV. FOR IN-SERVICE COUPLES ONLY

17. Statement of Military Spouse: I have read my spouse's plan and concur.

TYPED OR PRINTED NAME & SSN OF SPOUSE	SIGNATURE OF SPOUSE
---------------------------------------	---------------------

PART V. COMMANDER CERTIFICATION

18. I have reviewed this Dependent Care Certification and I am satisfied that the member has made adequate dependent care arrangements that will allow for a full range of military duties and for worldwide availability as defined here.

SIGNATURE OF COMMANDING OFFICER	DATE
---------------------------------	------